

Primary Care Requirements- CMS is now requiring that states ensure access to primary care services for those clients in Medicaid 1115 family planning waivers. States can fulfill this requirement by providing a primary care benefit package, or by referring clients to FQHCs/RHCs, for primary care services. CMS will also consider other options that the state may suggest to fulfill this requirement.

If a state chooses to refer clients to FQHCs/RHCs, then they must meet the following criteria:

1. States should work with their Primary Care Associations to facilitate access to primary care services and should provide CMS with a letter based on the discussions that indicates the Primary Care Association's understanding and support of the process for referring participants to FQHCs (RHCs) for primary care services.
2. The state must verify that the FQHCs have the capability to serve this population. They must also provide a copy of the geographic breakdown of FQHCs in order to assure that there is adequate access to FQHCs.
3. Any written materials that family planning providers or the state supplies to clients should include information on how to access primary care services at FQHCs. These materials should include a list of primary care providers (FQHCs), their locations, and phone numbers. States should provide a copy of these materials to CMS.
4. Any oral counseling that the family planning clients receive needs to include an explanation of how they may access primary care services at their nearest FQHC, and provide the location and phone number of the nearest facilities. The state must describe how this requirement will be fulfilled.
5. The state should provide an explanation of how they will evaluate or assess the impact of providing referrals for primary care services. For example, any focus groups or surveys of the clients should include a component that looks at this feature of the program.